

Health Department, City of Baltimore.

Permit No.

1880

Office of Registrar of Vital Statistics.

Ward

17^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ellen Gallagher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Forty-four Years, Four Months Sixteen Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, Thirty-two Years.

Place of Death, { Give Street and Number. } 1408 Hull St.

Cause of Death, { First (Primary), Menopause. Second (Immediate), Dysentery. }

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, August 1 1887

{ Undertaker, Bernard Harle }

M. Lake Cooper M. D.

Medical Attendant.

{ Place of Business, 115 West St. }

Address, 1329 Hull St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Unit No. A 1881

Office of Registrar of Vital Statistics.

Ward 17²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30th 1882
Regina Leidberg

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, 1 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 year

Place of Death, { Give Street and Number. } 1631 Cuba Street

Cause of Death, { First (Primary), Congestive Chills }

{ Second (Immediate), been complaining three weeks & }

Duration of Last Sickness, Three chills she has had nothing one week.

All the above information should be furnished by the Physician.

Place of Burial, Monro's Carmell

Date of Burial, August 1 1882

{ Undertaker, Bernard Harle } E M Samney M. D.

Medical Attendant.

{ Place of Business, 115 West St. }

Address, 1221 13th St. Highland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [ever.]

Health Department, City of Baltimore.

Permit No. A 1882

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Stanislaus Skebinski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

10 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1920 Canton Av

Cause of Death, { First (Primary),

cholera infantum

Second (Immediate),

6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Agnes' Cem

Date of Burial, Aug 2nd John H. Rehberger M. D.

{ Undertaker, Felix Wenzelowski

Medical Attendant.

{ Place of Business, 1832 Mr. & m Address, #1709 Abell Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1883

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 30th 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Henry Karn

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years, White

14

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

1634 Belair av Balt Mo

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

1634 Belair av

Cause of Death, { First (Primary), Second (Immediate), }

Dentition & Cholera Infantum
Meningitis

Duration of Last Sickness,

6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Louis W. Horn

M. D.

Date of Burial, Aug 1st

{ Undertaker, Geo Schilling }

Medical Attendant.

{ Place of Business, Ashland Square }

Address, Mulberry & Myrtle ad

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. A 1887 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 30th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Arville Horwitz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years,

7 Months,

—Days.

white

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single



Occupation,

Lawyer.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

10600 N Charles St.

Cause of Death, { First (Primary), Second (Immediate), }

Hodgkin's Disease

Asthma

Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Mount Sinai

M. D.

Date of Burial, Aug. 2nd 1887

Medical Attendant.

{ Undertaker, W.W. Jenkins & Sons }

{ Place of Business, 201 W. Saratoga St. }

Address, 24 W Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A

1885

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Boyce

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Don't Know

Place of Death, { Give Street and Number. }

Inst. Little Sisters of the Poor

Cause of Death, { First (Primary),

Phthisis Pulmonalis

Second (Immediate),

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~the~~ cathedral cemetery

J

Date of Burial, August 3rd

Dr. Bunker Bringle M. D.

{ Undertaker, T. N. Troell

Medical Attendant.

{ Place of Business, 421 Hanover St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

1886

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Percy C. Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, —————

Years, Two (2) Months, Twenty One (21) Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

No. 315 South Eden St.

Cause of Death, { First (Primary),

Cholera Infantum
Convulsions

Second (Immediate),

Duration of Last Sickness,

Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bates Cemetery

Date of Burial, Aug 2 - 1887

{ Undertaker, M. Clark & W. H. Glendine, M. D.

Medical Attendant.

{ Place of Business, 229 Dan

Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1887 AUG 4 1887 Ward 19th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30, 1887

Full Name of Deceased, Henry L. Enrich Jr. { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 17 Years, 8 Months, 5 Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1408 Mulberry St. { Give Street and Number. }

Cause of Death, Mental degeneration, Exhaustion { First (Primary), Second (Immediate). }

Duration of Last Sickness, Two years. All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 1st, 1887

Undertaker, J Lewis Schaefer

Place of Business, 316 N Franklin

Address, 309 N Eutaw St

F. W. Chambers M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *A 1888* Office of Registrar of Vital Statistics. Ward *8 "*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 31, 1888.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Philip Rinamen

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age,

27 Years,

Months,

Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Married.

Occupation,

Bricklayer.

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Maryland.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number.

No. 1833 Hope street

Cause of Death, { First (Primary),

Cardiac Hypertrophy & Dropped Athenia.

Second (Immediate),

Duration of Last Sickness,

About four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Aug 3^d 1888

Undertaker,

D. Lewis Schaefer Aug. L. Cleveland M. D.

Medical Attendant.

Place of Business,

316 W. Fremont Address, 1841 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No.

1889

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Esther Quackenbush.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 95 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

New York

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give Street and Number. }

320 W. Madison St.

Cause of Death, { First (Primary), Second (Immediate), }

Old age
Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Glendale Cemetery

Date of Burial, Aug 2^d 1887

{ Undertaker, Mr. Pearce

C. O. Donovan

M. D.

Medical Attendant.

{ Place of Business, 1738 Eulau Address, 311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]